

**Nursing Home Workforce Stabilization Council
Meeting Minutes**

Date Thursday, September 29, 2022, 1:00 p.m. – 4:00 p.m.

Location Conference Room 1A, 333 S. Grand Ave, Lansing, MI 48933

Council Attendance

Name	Representing	Attendance
Alison Hirschel	Residents	Present
Dian Palmer	Workforce	Present
Mark Berger	Employers	Present
Nancy M. Hebert	Workforce	Present
Erica Holman	Employers	Present
Jannice L. Lamm	Employers	Present
Mary McClendon	Workforce	Present
Michael Munter	Employers	Not Present
Martha M. Nichols	Workforce	Present
Robert L. Norcross	Employers	Present
Jennifer Root	Workforce	Present
Terence Thomas	Residents	Present
Yvonne M. White	Advocates	Present
Salli Pung	Residents	Present

Michigan Department of Health and Human Services (MDHHS) Staff:

Meghan Groen, Nicole Hudson, Beth Nagel, Kenny Wirth, Kate Tosto, Erin Emerson,
Kristen Jordan, Lauren Swanson-Aprill, Scott Wamsley,

Licensing and Regulatory Affairs (LARA) Staff:

Adam Sandoval

Labor and Economic Opportunity (LEO) Staff:

Valerie Jemerson

Guests:

Jennifer Lugo, Bethany Duyser (IMPART Alliance)

Minutes: The Nursing Home Workforce Stabilization Council meeting was held in-person and virtually on September 29, 2022 with thirteen (13) council members in attendance.

Quorum was fulfilled.

1. Council Business

Presented by Meghan Groen and Kenny Wirth

- A. Meeting called to order at 1:06pm
- B. Welcome and Introductions
- C. Hybrid Meeting Housekeeping

2. Establish Goals

Presented by Meghan Groen

- A. Discuss Council Goals
 - M. Groen reviews Executive Order that established Council

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- Stresses importance of identifying actions that can be taken immediately
- B. Direct Care Workforce Advisory Committee
 - N. Hudson shares information about the Direct Care Workforce Advisory Committee
 - Sets goal to not duplicate efforts of this Committee and to build off of recommendations made. Collaborative effort between this Council and DCW Advisory Committee.
 - L. Swanson-Aprill shares information about DCW Advisory Committee.
 - Development of competencies for direct care workers as guidelines
- C. Review and Discuss Talking Points
 - M. Groen introduces importance of Council establishing common goals and forming talking points for Council members to reference when discussing the Council's work
 - J. Root acknowledges urgency of issues but wants to clarify that they have been ongoing long before COVID-19. States that the house is on fire and we need to deal with that, but we also need to build fire stations as the long term solutions.
 - T. Thomas recommends combining first two talking points to address both urgency of the issue and need for long-term solutions
 - D. Palmer requests that language regarding immediate actions to alleviate acute strains be left in language to maintain alignment with Executive Order
 - M. Groen asks if language should be added to acknowledge long-standing workforce issues, not just a recent issue
 - J. Root agrees. States that many issues highlighted during the pandemic were true ten years ago, the pandemic magnified the issues.
 - Not going to solve problem just as quickly as the pandemic hit. Will take time to solve long-term issues.
 - E. Holman states need to address the root cause. Has been an issue for decades. Knows that one cause is that employees who don't have the time in their schedule and are forced to do physical labor under a time constraint are the most likely to burn out and most difficult to replace.
 - If don't look at root cause, we're just going to keep facing this issue. Need to revolutionize what we are doing.
 - B. Duyser states there needs to be focus on building resiliency in workforce through training and preparedness. Including a statement about resiliency in talking points may touch on both chronic and acute issues facing workforce.
 - E. Holman references evidence-based practice showing that resiliency needs to be worked on while not in crisis. Work will need to continue once acute issues have been addressed to improve more chronic, long-term issues.
 - M. Groen moves to second talking point to open discussion
 - J. Lamm concerned with use of term "immediate" if final report from Council not due until 2023

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- K. Wirth clarifies that there is a desire to offer some interim recommendations to that could be taken sooner than December 2023.
 - M. Groen suggests language clarifying desire to develop both immediate changes and sustainable long-term solutions
- D. Palmer asks about talking point referencing the Council's listening to nursing home staff and residents. Asks about where the Council is listening to feedback from residents.
 - N. Hudson references MDHHS survey of Nursing Home workforce. Still thinking about best ways to engage with residents but believe that resident viewpoint is critical to work. Asks about best ways for Council to receive resident feedback.
 - J. Lamm states that Resident Satisfaction Surveys are conducted annually and wonders if MDHHS could access those responses.
 - S. Pung thinks there is opportunity for ombudsman program to work with council. Possibly create standard questions for ombudsmen to ask at family and resident council meetings.
- M. Groen asks about survey process
- A. Sandoval shares two main survey processes
 - Federally certified facilities surveyed every 15.9 months for a standard survey. Complaint based surveys occur based on level of harm of the complaint received.
 - LARA does not receive input from residents or staff outside of the standard survey or complaint-based survey processes
- E. Holman would like to develop cooperative program between ombudsmen and operators and residents to develop solutions to address issues and complaints.
- M. Groen requests feedback on third talking point
- A. Hirschel expresses concern that gains made by this Council to stabilize nursing home workforce may lead to destabilization of home and community-based workforce, assisted living workforce, and others.
 - N. Hudson references fourth talking point and desire for this Council to be collaborative with DCW Advisory Committee to avoid negative impacts on other healthcare workforces.
- N. Hebert mentions attitudes among nursing home staff and residents. Importance of bringing all interested parties to table (staff, residents, etc.) to make sure all sides of story are being shared.
- E. Holman wants to bring conversation back to collaborative nature of workforces. Need to help workers find jobs they enjoy. If a staff person would be happier working in home and community-based services, should encourage working across continuum of care.
- K. Wirth revisits earlier question about whether competencies approach to credentialing applies to only direct care staff or all staff. States that this is something the Council would decide and make a recommendation on.
- D. Palmer asks if it would be possible to help folks with special training and education, so they are prepared to pass the credentialing.

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- N. Hudson indicates that this may be answered by some survey results which will be reviewed shortly.
- V. Jemerson mentions that IMPART Alliance is working on three areas currently (wages/benefits/supports, professionalization, and career awareness). Fourth area being worked on is developing career pathways so there are career support services, career counseling, individualized career plans, job readiness. Defining what a career pathway looks like – what funding is available for training, what other supportive services are available.
- B. Duyser agrees with V. Jemerson. States that IMPART is looking at how competencies approach to credentialing could be applied to entire workforce, not just nursing homes.
- L. Swanson-Aprill states there is a special workgroup looking into credentialing and best ways to go about credentialing direct care workers.
- D. Palmer wants to clarify that staffing is the number one factor making folks leave the profession because staff do not have enough time to offer quality care. Second point is that wages should be connected to credentials or competencies. Any additional credentials earned should be attainable and affordable.
- M. McClendon states the biggest issue faced is staffing and low wages. Agency staff are brought in and paid much more than existing staff. Agency staff do not have a connection to the residents and home, whereas existing staff, loyal employees, see residents as mothers, brothers, grandparents, etc.
 - Even with agency staff being brought in, still have short-staffing and quality of care suffers
- E. Holman shares that nursing homes need to keep census of residents up in order to afford higher staffing ratio. This creates a need for administrators to continue admitting residents in order to receive reimbursements.
- M. Groen states that we want staff from the community to work within communities. Wants to keep conversation at high-level today, can drill down on details in future meetings.
- K. Wirth wants to highlight community aspect of conversation. Sense of community drives better care through existing connections to those being cared for.

3. Survey Review

Presented by Kate Tosto

A. Discuss Results

- Survey was open for two weeks. MDHHS received survey results on Monday, September 26 and has completed a preliminary review of survey results.
 - MDHHS can provide more detail on results at future meeting.
- B. Norcross departs meeting at 12:36pm.

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- K. Tosto shares that responses were only received in English. 801 total responses.
 - See slide deck for more detail on survey responses.
 - Many “other” responses to role in nursing home accounted for by activities staff.
- T. Thomas sees trend of majority of respondents having worked in industry for 10+ years as great resource for sharing positive change. If we can keep this group of folks working, we have a good vector for information through those who have stayed in the job for 10+ years.
- K. Tosto continues to share survey results
 - Clarifies that COVID restrictions was the common complaint on factors that make staff want to leave the nursing home workforce.
 - “Other” category was frequently used to note that many staff don’t want to leave the workforce because they are concerned about the care of their residents.
 - Lots of overlap between categories in responses.
 - Wages and staffing were largest responses across questions.
 - Common theme emerged that staff feel hazard pay should be extended past clinical staff to all staff working with residents.

4. BREAK

10-minute break taken between 2:28pm and 2:38pm.

3. Survey Review – continued after break

Presented by Kate Tosto

A. Discuss Results (continued)

- K. Wirth reintroduces survey review and opens for discussion
- V. Jemerson asks if there was anything more specific mentioned regarding working conditions in the past year
 - N. Hebert responds that nursing home staff in room could probably answer this question. States that her facility has been down a washer/dryer down for two years. Staff on floor is working short consistently and equipment is not working, but not enough parts to fix equipment.
- D. Palmer states seven nurses are sharing three computers across three floors in her facility.
- M. McClendon states some buildings do not let CNAs sit behind desk to chart, need more kiosks out on floor to allow for charting. Some nurses let CNAs sit behind desk to chart but depends on facility.
- Many council members draw comparisons between non-profit and for-profit facilities with staffing ratios and availability of computers/equipment
- J. Lugo mentions need for acuity-based staffing. Current methods for staffing count only number of residents, not individual level of care needed.
 - D. Palmer asks for clarification on if acuity is factored in to staffing ratios

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- M. McClendon expresses frustration with attitudes and lack of assistance from other staff in other roles. Provides example of a nurse not assisting a CNA with repositioning residents.
- D. Palmer asks for clarification on survey result of “COVID.” What were specifics?
 - N. Hudson clarifies that this was regarding continued COVID regulations in nursing homes. E.g., weekly testing, quarantine periods, PPE requirements, etc. Indicates this is a CMS rule, not something MDHHS has control over.
 - K. Wirth highlights perception in survey that COVID restrictions in nursing homes are more stringent than in other healthcare settings
- J. Lamm confirmed that COVID restrictions in nursing homes are still much stricter than in hospitals or other healthcare settings. Slowly beginning to lift.
- M. McClendon states that respect is very important and self-esteem in her building is very low. Staff who have been there 6 or 7 years are now leaving because they aren’t being respected.
 - Would like to see owners of for-profits come into buildings to see how day-to-day operations go, talk with CNAs on floor to hear what is going on in buildings, lend a hand in caring for residents
- D. Palmer wants to understand what state can do to help improve relationships between nurses and CNAs. Wonders if state surveyors can help with improving those relationships as part of survey process.
- K. Wirth references survey results requesting a more collaborative state survey process. Asks A. Sandoval if that is something LARA can impact.
- A. Sandoval states that this is something significant and LARA wants to take a more educational and consultative approach, but LARA surveyors are agents of the federal government and have restrictions and limitations because of that relationship.
 - Recent reorganization into new Bureau of Survey and Certification. One goal is to heighten awareness of survey and certification process with goal to improve collaboration. Will take internal and external change, needed improvements to culture, and open to feedback on how to make process more collaborative. LARA administers federal rules and regulations.
 - \$1.6 million in annual funding to hire 10 long term care consultants that would consult with nursing homes and won’t have authority to issue citations. Goal is to identify opportunities for improvement before surveys occur.
- D. Palmer thinks this is a good start to addressing concerns regarding collaboration with surveyors.
- V. Jemerson asks when consultants are starting.
- A. Sandoval states 9 of 10 are already hired. Started as pilot program during the pandemic which focused solely on infection control in a limited time frame, but has been expanded to full-time positions and to address areas including falls, infection control, wound care, etc.

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- Would be happy to provide information to interested facilities on how to get consultation.
- M. McClendon asks if any of the consultants have experience working as a CNA.
 - A. Sandoval will look into this.
- N. Hebert asks if consultants will be available after the survey process to help understand how to correct an issue after citation filed.
- A. Sandoval responds that this consultation program will be on a voluntary basis before the survey. Goal is to educate before they regulate.
- E. Holman expresses that this program has been very helpful, and collaboration is very important to the survey process.
- K. Wirth states that survey results indicated a large issue with burnout, lack of ability to take time off, etc.
- D. Palmer states that a common issue was coordinating child-care when the facility is short-staffed, as many staff will be mandated to stay for the next shift but will have no warning or time to coordinate childcare.
- M. McClendon states that when short-staffed, manager will ask most senior staff first to stay over. When staff pass on staying for next shift, it gets passed down the chain of seniority to the least experienced worker who will be stuck with mandate to stay on for next shift.
- E. Holman states her building uses a “STAR” system so staff know most of the time when they will be asked to work over if someone doesn’t come in for work. Rule in place that workers don’t work 16 hours.
- N. Hebert states annual trainings need to be in-house and available during working hours
- N. Hudson asks if there are specific requests from council on survey data provided and what they would like to see, if anything, at next meeting.
 - MDHHS can pull some anecdotal responses with ideas for specific trainings, recommendations for improvements, etc.
- B. Duyers asks if there is any breakdown of the “burnout” response on factors that made staff want to leave workforce.
 - K. Wirth states that there were numerous responses ranging from mental health hotline for staff, ability to use vacation time
- K. Wirth provides example of response to question about what makes staff stay in nursing home workforce. Response indicated “if I don’t come in to take care of the residents, who will?”
 - Workforce members on council state agreement with sentiment.
- N. Hebert states this is not a job for most workers. Staff become emotionally connected with residents, a lot more than a job when caring for people.
- M. McClendon states that new staff are told to not get attached to the residents, but it is not possible to leave work at work. Constantly thinking about residents and how to help. Goes both ways, residents worry about well-being of staff and want to know about staff’s lives.
- D. Palmer asks question about “management” category of survey results

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- N. Hudson states that respect was a large factor in the management responses
- K. Wirth adds that responses indicated that managers were not hands-on enough, lack of guidance and information from management, too many supervisors on the same floor, lack of communication between departments.
- J. Lamm references earlier comment about agency staff being paid more. References House Bill 6364 – limits agency workers to not make over 25% more than current nursing home staff.

5. Council Discussion

Presented by Nicole Hudson

- N. Hudson wants the council to set and drive agenda. Three tentative dates for future council meetings. Asks what topics the council would like to discuss at October 27 and December 1 meetings.
- N. Hebert asks if there is a budget for the council.
- M. Groen responds that the council itself does not have a budget, but that should not be a limitation when formulating recommendations
- J. Lamm states an advertising campaign to highlight benefits of working in Michigan's nursing homes could be beneficial, as most coverage of nursing homes is negative.
- N. Hudson states that lack of budget should not inhibit recommendations or creativity
- T. Thomas wants to have a discussion at next meeting about parsing out immediate actions and long-term solutions, as well as finding those items that may fall in the middle.
- M. Berger states it is clearly evident that there has been a turning of the tide since COVID, and a tremendous amount of people have left the workforce. Staff are overworked and underpaid. Up against the eight ball.
 - Operators know that quality suffers from agency staff, costs increase
 - Short-staffing issue is different for nursing homes, as they can't just serve less. Need is always there.
 - Challenge comes down to funding. States nursing homes are being reimbursed from 2019 cost reports. Cost of operation has increased by 15-20% over this period.
 - In future, there will be a settlement to settle difference between costs and reimbursements.
 - Wants to look at current reimbursement process and find ways to improve it going forward. Any increase to wages or benefits will need funding source.
- A. Hirschel believes that stabilizing workforce will lead to higher quality of care for residents. Believes funding discussion will be important while maintaining focus on solutions to stabilize workforce.

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- V. Jemerson asks if there are examples of best practices from other states who have experienced success in expanding benefits, improving workforce, etc.
 - M. Berger states he can share with M. Groen to share with council.
 - V. Jemerson thinks that utilizing ideas already in practice by other states will be valuable. Also thinks IMPART Alliance's work on career pathways and other information created by the DCW Advisory Committee to see if it would be applicable to nursing home workforce.
- L. Swanson-Aprill will share resources with N. Hudson for distribution to council.
 - B. Duyser can share update on DCW Advisory Committee and IMPART Alliance at next meeting

6. Public Comment

Public comment facilitated by Kenny Wirth

- J. Lugo – workforce member

7. Adjournment

Meeting adjourned at 3:56pm.

Next meeting scheduled for October 27, 2022 at 1:00pm.